

# EXHIBIT 5

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

RUBY FREEMAN and WANDREA' MOSS,

Plaintiffs,

v.

RUDOLPH W. GIULIANI,

Defendant.

No. 24-mc-353

**EXEMPTION CLAIM FORM**

**Address A:**

Aaron E. Nathan  
M. Annie Houghton-Larsen  
WILLKIE FARR & GALLAGHER LLP  
787 Seventh Avenue  
New York, NY 10019

**Address B:**

Parkside Financial Bank & Trust  
AT, Inc.  
7700 Forsyth Blvd Ste 1800  
Saint Louis, MO 63105

**DIRECTIONS:** To claim that some or all of the funds in your account are exempt, complete Both copies of this form, and make one copy for yourself. Mail or deliver one form to Address "A" and one form to Address "B" within Twenty (20) Days of the Date on the envelope holding this notice.

**\*\*If you have any documents, such as an award letter, an annual statement from your pension, pay stubs, copies of checks or bank records showing the last Two (2) months of account activity, include copies of the documents with this form. Your account may be released more quickly.**

I state that my account contains the following type(s) of funds (check all that apply):

- ☐ Social Security
- ☐ Social Security Disability (SSD)
- ☐ Supplemental Security Income (SSI)
- ☐ Public Assistance
- ☐ Wages While Receiving SSI or Public Assistance
- ☐ Veterans Benefits
- ☐ Unemployment Insurance
- ☐ Payments from Pensions and Retirement Accounts
- ☐ Income Earned in the Last 60 days (90% of which is Exempt)
- ☐ Child Support
- ☐ Spousal Support or Maintenance (Alimony)
- ☐ Workers' Compensation
- ☐ Railroad Retirement or Black Lung Benefits
- ☐ COVID-19 stimulus relief for individuals and families with children

x   Other (Describe Exemption): There is no judgment issued against Giuliani Communications LLC.  
The creditors have no lawsuit or claim against Giuliani Communications LLC and the hold on the account must be removed. I Request that any correspondence to me regarding my claim be sent to the following address:

Rudolph W. Giuliani, 315 S. Lake Drive, Unit 5D, Palm Beach, Florida 33480

(fill in your complete address)

I Certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

9/6/2024

Date

  
Signature of Judgment Debtor